

Congressman Tom Feeney Internship Application

Please complete this application and mail it to the following address.
Congressman Tom Feeney
Attn: Internship Coordinator
12424 Research Parkway, Suite 135
Orlando, FL 32826
(407)-208-1106
(407)-208-1108 Fax

Full Name: _____

Social Security: ____/____/____

Birthday: ____/____/____

Home Address: _____

Home Phone: _____

School Address: _____

School Phone: _____

E-mail Address: _____

Dates available to participate in the internship program:

High School, College or University: _____

Current Year: ___ Freshman, ___ Sophomore, ___ Junior, ___ Senior, ___ Graduate Student

Major/Graduate Program: _____

Are you planning to receive academic credit for this internship? ___

If YES, name and phone number of program coordinator:

Please include a short writing sample and resume with your application.